



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date \_\_\_\_\_

Reporting Month \_\_\_\_\_

Carrier Information	
Company Name	_____
Company Address	_____
Telephone / Fax	_____
Vendor Number	_____

Classification Please Circle One	ILEC	CLEC	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	_____
2. Surcharge Per Access Line.....	_____ \$0.09 _____
3. Amount of Surcharge Remitted to Kentucky USF.....	_____
4. Number of Access Lines Receiving Lifeline Support.....	_____
5. Amount of Reimbursement Requested from Kentucky USF.....	_____

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title _____ Company Official _____ (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet  
ATTN: KY USF  
702 Capital Ave.  
Capitol Annex, Room 488A  
Frankfort, KY 40601

Send a copy of this report to:

Kentucky Public Service Commission  
ATTN: Executive Director  
211 Sower Blvd.  
P.O. Box 615  
Frankfort, KY 40602